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ROBERT CLARK CANTU, M.A. FEBRUARY 15, 2006

1 IN THE UNITED STATES DISTRICT COURT

2 FOR THE DISTRICT OF ALASKA

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4 KIMBERLY ALLEN, Personal Representative)
5 Of the Estate of TODD ALLEN,)
6 Individually, and on Behalf of the)
Estate of the Minor Child, PRESLEY GRACE)
ALLEN,)

Plaintiffs)

7 vs.)

8 UNITED STATES OF AMERICA,)

9 Defendant)

) Case No.

) A04-0131 CV

) (JKS)

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12
13
14 DEPOSITION OF

15 ROBERT CLARK CANTU, M.A., M.D., F.A.C.S., F.A.C.S.M.

16 CONCORD, MASSACHUSETTS

17 WEDNESDAY, FEBRUARY 15, 2006

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1 **it would have been earlier in the day?**

2 A. To the extent that the inability to
3 arouse him was not due to medication, something
4 that I don't know the answer to, but if we can in
5 a hypothetical way say it's not due to
6 medication, which I can't, but let's
7 hypothetically say it's not medication, then
8 unquestionably if he's unarousable at that point
9 in time, the outcome is much more grave than it
10 was earlier in the day.

11 My problem is he -- we don't know how
12 much, if any, medication he took, meaning the
13 Percocets and the Valium, and/or the Phenergan
14 shortly prior to going to sleep at 2 o'clock.

15 **Q. And you'd have to know that if you**
16 **are going to assume or assess whether the**
17 **medication was having an effect at that point?**

18 A. Yes, sir.

19 **Q. As opposed to based on your prior**
20 **assumptions, you would assume as a fact that he**
21 **was being affected by the cerebral edema and the**
22 **other developing problems that you've testified**
23 **about?**

24 A. I would.

25 **Q. So that you'd be -- you're fairly**

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1 call him at the best a Grade 1. Either one of
2 those grades statistically much more than 50
3 percent do well following a subarachnoid
4 hemorrhage. So most probably, he would have done
5 well had the hemorrhage been recognized at that
6 point based on the Hunt and Hess grading and
7 outcomes.

8 **Q. What other levels are there? Does**
9 **it go up to Level 5?**

10 A. It goes up to 5, in which one is
11 very deeply comatose, and it deteriorates from
12 Grade 2 to Grade 3 as you add increasing
13 neurologic deficit and as you add decreasing
14 level of alertness. A Grade 3 is now with an
15 individual that could have neurologic deficit,
16 but definitely is drowsy and confused but still
17 conscious.

18 Grade 4, one is no longer
19 conscious; they're in stupor. They may have a
20 hemiparesis. They may have decerebra movements,
21 and then Grade 5 is, as indicated, is deeply
22 comatose with no response to pain.

23 **Q. Those individuals who are at**
24 **Grades 3 or 4 or 5, do they have a worse outcome?**

25 A. Yes, they do, and in fact, Grades 4

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1 **certain of, but you don't know whether he had any**
2 **medication at that point?**

3 A. That is correct.

4 **Q. You made reference a couple of**
5 **times to the Hunt-Hess grade or levels?**

6 A. Yes.

7 **Q. And you said -- I think you said**
8 **Mr. Allen would have been a Hunt-Hess 1 or 2 on**
9 **the morning of April 19th?**

10 A. Yes.

11 **Q. Could you describe for me what that**
12 **means in terms of his condition? What is a**
13 **Level 1 or 2?**

14 A. Well, Level 1 normally is an
15 asymptomatic individual or somebody that's got
16 headache but no neurologic deficit, and generally
17 speaking, a solid Grade 2 is any kind of focal
18 neurologic deficit. But also in the Grade 2 is
19 severe headache.

20 And I don't really know where we
21 stand with regard to the severe headache. The
22 wife says it's severe; it's been that way all
23 night; nausea and vomiting would go and confirm
24 it and yet the medical records don't. So you
25 could call him at the worse a Grade 2 and you'd

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1 and 5, certainly 5, almost no neurosurgeon would
2 operates on, that is, directly do a craniotomy.
3 Those grades, some in those grades, some people
4 will still do interventional procedures.

5 **Q. Is that at Grade 5?**

6 A. Well, it's been done. Some might.

7 **Q. How about a Grade 4?**

8 A. Grade 4 still might be coiled,
9 usually not subjected to an intracranial
10 operation.

11 **Q. And what about a Grade 3, what's**
12 **the outcome for patients who get to that level?**

13 A. Depending on the timing, in other
14 words, if one came in with a Grade 3, most
15 neurosurgeons would probably want to see them get
16 a little better before they operated on them, but
17 clearly, that's a group that can have a useful
18 survival. And it becomes a situation of trying
19 to do the surgery if you're going to do it before
20 somebody rehemorrhages, so you might not go in as
21 quickly on a Grade 3 as you would a Grade 1 or 2.

22 Those are the grades normally
23 where, not uncommonly, the arteriogram is done
24 within the first 24 hours or so of admission to a
25 neurosurgical unit, and then if the individual is

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